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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|
| Nation of Allowaldilla.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 09/964,458                                                                                                                          | SASAKI, GEN                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Examiner                                                                                                                            | Art Unit                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Brian Jelinek                                                                                                                       | 2615                                                                                                                     |  |
| The MAILING DATE of this communication appeal All claims being allowable, PROSECUTION ON THE MERITS IS (0 herewith (or previously mailed), a Notice of Allowance (PTOL-85) of NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGOR of the Office or upon petition by the applicant. See 37 CFR 1.313 and 1.313 are communication appear.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OR REMAINS) CLOSED<br>or other appropriate comm<br>GHTS. This application is                                                        | in this application. If not included nunication will be mailed in due course. <b>THIS</b>                                |  |
| 1. $\boxtimes$ This communication is responsive to <u>6/20/2005 (after final)</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                                                          |  |
| 2. 🔀 The allowed claim(s) is/are <u>1-15</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     |                                                                                                                          |  |
| 3. $\boxtimes$ The drawings filed on <u>9/28/2001</u> are accepted by the Examin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ner.                                                                                                                                |                                                                                                                          |  |
| <ul> <li>4.  Acknowledgment is made of a claim for foreign priority und</li> <li>a)  All b)  Some* c)  None of the:</li> <li>1.  Certified copies of the priority documents have to the priority documents of the certified copies of the priority documents have to the priority documents have the priority documents have</li></ul> | peen received.<br>Deen received in Applicat                                                                                         | ion No                                                                                                                   |  |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" of noted below. Failure to timely comply will result in ABANDONME THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     | le a reply complying with the requirements                                                                               |  |
| <ol> <li>A SUBSTITUTE OATH OR DECLARATION must be submitt<br/>INFORMAL PATENT APPLICATION (PTO-152) which gives</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     |                                                                                                                          |  |
| <ul> <li>6. ☐ CORRECTED DRAWINGS ( as "replacement sheets") must (a) ☐ including changes required by the Notice of Draftsperso  1) ☐ hereto or 2) ☐ to Paper No./Mail Date (b) ☐ including changes required by the attached Examiner's Paper No./Mail Date Identifying indicia such as the application number (see 37 CFR 1.8 each sheet. Replacement sheet(s) should be labeled as such in the 7. ☐ DEPOSIT OF and/or INFORMATION about the deposition in the content of the content o</li></ul>               | n's Patent Drawing Revie<br>Amendment / Comment of<br>4(c)) should be written on<br>header according to 37 C<br>t of BIOLOGICAL MAT | or in the Office action of  the drawings in the front (not the back) of FR 1.121(d).  FERIAL must be submitted. Note the |  |
| attached Examiner's comment regarding REQUIREMENT Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OR THE DEPOSIT OF B                                                                                                                 | OLOGICAL MATERIAL.                                                                                                       |  |
| Attachment(s)  1. ☐ Notice of References Cited (PTO-892)  2. ☐ Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6. Interview                                                                                                                        | nformal Patent Application (PTO-152) Summary (PTO-413),                                                                  |  |
| 3. ☐ Information Disclosure Statements (PTO-1449 or PTO/SB/08 Paper No./Mail Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                     | ./Mail Date<br>s Amendment/Comment                                                                                       |  |
| 4. Examiner's Comment Regarding Requirement for Deposit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     | s Statement of Reasons for Allowange                                                                                     |  |
| of Biological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9. 🗌 Other                                                                                                                          | - //////                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     | DAVID L. OMETZ                                                                                                           |  |

U.S. Patent and Trademark Office PTOL-37 (Rev. 1-04)